· · · · · · · · · · · · · · · · · · ·								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001								· 10/038771					
CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	THAN	
			(Column	1)	(Column 2)			TYPE [OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			43					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			4-3minus 20=		· 23			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/_ minus 3 =		•			X42=		OR	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				+140=			OR	+280=		
* H	the difference	in column 1 is	less than zero, enter "0" in column 2			z)	TOTAL		OR	TOTAL			
CLAIMS AS AMENINED . DART II CATA									L	Jon	OTHER	THAN	
(Column 1) (Column 2) (Column 3)							_	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 41	Minus	-4	3	=		X\$ 9=		OR	X\$18=		
	Independent	. 3	Minus	***	3			X42=		OR	X84=		
Ļ	THST PHESE	NTATION OF MI	JUNPUE DEI	PENDENT	ÇLAIM			+140=		OR	+280=		
	8/1	*					L	TOTAL			TOTAL		
/	///3/04 (Column 1) (Column 2) (Column 3)							DDIT. FEE		J~,	ADDIT. FEE		
AMENDMENT B		CLAIMS		HIGH	EST		lr		ADDI-	Ì		ADDI-	
	1.	REMAINING AFTER AMENDMENT		PREVIO PAID	JUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	· 4B	Minus	4	/_	a		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF ML	Minus	HH C	<u> </u>	-		X42=		OR	X84≠		
<u> </u>	PINOTPHESE	INTANON OF MIC	ETIT EL OLI	CHOCHI	COGINI	ليب اجعليسب	' [+140=		OR	+280=		
							_	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)									,			
AMENDMENT C	çêni en an an an	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9≠		OR	X\$18=		
	Independent	•	Minus	***		=	-	X42=			X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	∧ 7 4-		OR	704=		
				•				+140=		OR	+280≃		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OPTION OF TOTAL ADDIT. FEE													
		imber Previously Pa nber Previously Pa											

FORM PTO-875 (Rev. 8/01)

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